



Health Plan Benefits Group/CBC

Date: November 5, 2002

To: Medicare +Choice Organizations
Section 1876 Cost-based contractors
Health Care Prepayment Plans
Evercare, PPO, and SHMO Demonstrations

From: Director
Health Plan Benefits Group

Subject: Clarification to October 29, 2002 Memorandum (“Three Updates to the 2003 Model Evidence Benefits Chart”)

In my October 29, 2002 memorandum entitled “Three Updates to the 2003 Model Evidence Benefits Chart,” we provided language to include in the 2003 Evidence of Coverage (EOC) regarding drugs furnished incident to a physician’s service. After releasing this memorandum we received feedback regarding concerns that the language was too narrow and implied that the coverage was limited to drugs injected during physician office visits. (For information on “incident to” coverage, see the Intermediary Manual at §3112.4 and the Carriers Manual at §2050.) Therefore, the purpose of this memorandum is to provide new model language.

When preparing your 2003 EOCs, we recommend that you use the following language in the Section 4 Benefits Chart column entitled “Drugs that are covered under Original Medicare”:

- Drugs that usually are not self-administered by the patient and are injected while receiving physician services. *[Insert the next sentence if applicable:] [Name of M+C plan] also covers some drugs that are “usually not self-administered” even if you inject them at home.*

The 2003 Model EOC on the CMS web site will be updated to reflect these changes. The Model EOC can be found at <http://cms.hhs.gov/healthplans/marketing/>.

Questions about the EOC may be directed to your Regional Office contact or Marketing Review Specialist. Questions about coverage for drugs furnished incident to a physician’s service may be directed to Anne Hornsby at ahornsby@cms.hhs.gov. Thank you.